

NPDES
FORM



United States Environmental Protection Agency
Washington, DC 20460

Notice of Termination (NOT) of Coverage Under a NPDES General Permit for Storm Water Discharges Associated with Construction Activity

Submission of this Notice of Termination constitutes notice that the party identified in Section II of this form is no longer authorized to discharge storm water associated with construction activity under the NPDES program from the site identified in Section III of this form. ALL NECESSARY INFORMATION MUST BE INCLUDED ON THIS FORM.

I. Permit Information

NPDES Storm Water General Permit Tracking Number:

Reason for Termination (Check only one):

Check here if final stabilization has been achieved on all portions of the site for which you are responsible:

Check here if another operator has assumed control according to Appendix G, Section 11.C over all areas of the site that have not been finally stabilized:

Check here if coverage under an alternative NPDES permit has been obtained:

For residential construction only, check here if temporary stabilization has been completed and the residence has been transferred to the homeowner:

II. Operator Information

Name:

IRS Employer Identification Number (EIN): -

Street:

City: State: Zip Code: -

Phone: - - Fax (optional): - -

Email (optional):

III. Project/Site Information

Project/Site Name:

Project Street/Location:

City: State: Zip Code: -

County or similar government subdivision:

IV. Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name:

Print Title:

Signature:

Date (Month Date Year):